UNITED STATES DISTRICT COURT
for the

Eastern District of Wisconsin

Albert L. Fisher, M.D.	)
Plaintiff	)
v.	) Civil Action No. 13-C-152
Aurora Health Care, Inc.	)
Defendant	)

SUMMONS IN A CIVIL ACTION

To: _(Defendant's name and address)_

Aurora Health Care, Inc.
750 W. Virginia St.
Milwaukee, WI 53204

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:
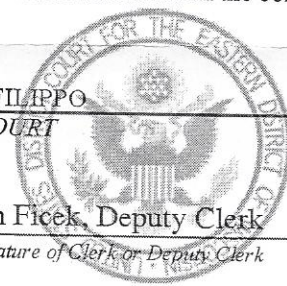
Andrew L. Schlafly
Attorney at Law
939 Old Chester Rd.
Far Hills, NJ 07931
(908) 719-8608

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JON W. SANFILIPPO
CLERK OF COURT

Date: 2/14/2013

s/ Terri Lynn Ficek, Deputy Clerk
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE
(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Aurora Healthcare, Inc.
was received by me on *(date)* 2/15/2013 .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____ , a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Linda Kapos, Adm. Asst , who is
designated by law to accept service of process on behalf of *(name of organization)* Aurora Healthcare, Inc
750 W. Virginia St Milwaukee WI 53204 on *(date)* 2/19/13 11:35 Am; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 2/19/13 _____

_____ *Kim M Straus*
Server's signature

KIM M STRAUS PPS
Printed name and title

P.O. Box 270145 Milwaukee WI 53227
Server's address

Additional information regarding attempted service, etc: